

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

968

1. PLACE OF DEATH
 48 County Jackson Registration District No. 360
 10 Township Kaw Primary Registration District No. 360
 9 City Kansas City, Mo. (No.) Research Hospital File No.
 Registered No. 6 Ward

2. FULL NAME John Glunz
 (a) Residence, No. 4230 Roanoke Road St. 7 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1856
 7. AGE YEARS 76 MONTHS 1 DAYS 22 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 2

13. NAME Christain Glunz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Mary ----- Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Wm. F. Hahn
 (ADDRESS) 4911 Central

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem DATE 1-4-31, 1931

19. UNDERTAKER R.V. Lindsey & Sons, Inc.
 (ADDRESS) Kansas City, Mo.

20. FILED Jan. 2, 1931 M. M. Brown
Assoc. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1932, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931 to Jan 1, 1932
 I first saw him alive on Dec 31, 1931 Death is said to have occurred on the date stated above, at 12:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Cancer of Stomach Primary Date of onset 1930
460
465 4-6 B
 Other contributory causes of importance:
Secondary Cancer of Liver

Name of operation none Date of
 What test confirmed diagnosis? Path Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury ①

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. Henry George, M. D.
 (Address) 2415 Schubert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

